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Clinical benefits of rational-emotive stress management therapy for job burnout and dysfunctional distress of special education teachers

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Abstract

It has been observed that managing job burnout and dysfunctional distress constitute part of the major challenges among special educators, and that empirical data on the management of burnout and dysfunctional distress associated with the job of special education teachers are lacking in the literature. The current article discusses the clinical benefits of a rational-emotive stress-management therapy program in reducing the level of job burnout symptoms and dysfunctional distress in special education teachers, using evidence from a 2018 clinical trial study that reported the efficacy of this intervention. Results show the clinical benefits and implications of conducting a rational-emotive stress management intervention, and recommendations are made for future research.

Key words: Clinical benefits; Dysfunctional distress; Job burnout; Rational-emotive behavior therapy; Rational-emotive stress management therapy; Special education teachers

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Core tip: Some empirical researches have demonstrated how teachers' well-being can be improved through psychotherapeutic interventions. But the current study explores the clinical benefits of a rational-emotive stress management therapy in reducing occupational burnout and dysfunctional distress of special education teachers as used in a study carried out in 2018. Clinical implications and directions for future research are also explored.

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INTRODUCTION

There is lack of research studies on management of work-related burnout and dysfunctional distress in special education teachers. Evidence suggests that work-related distress accounts for about 80% of occupational harm and 40% of workplace turnover^[1,2]. Work-related distress affects about 28% of the workforce^[3,4]. Furthermore, work-related burnout and dysfunctional distress are of increased likelihood in the developing world due to the unhealthful and hazardous working conditions as compared to what is obtainable in developed nations^[5,6]. Special educators have been found to possess high level of perceived stress^[7]. This could be because special education teachers are expected to modify the school curriculum in order to attend to the individual needs of their special learners. This and the stress of coping with learning difficulties and aggressive behavior of special learners, and the use of diverse behavior modification techniques tend to aggravate the plight of special education teachers^[8,9]. These teachers may develop burnout which could be associated with enormous emotional and physical distress, especially in a situation where the children are not making substantial improvement^[9-11]. The conditions may become pathological depending on the inferences and evaluations that such teachers may construct about themselves, their students, and their jobs, which may be rational or irrational^[12].

Teachers who experience pathological work-related burnout and dysfunctional distress can be helped to overcome such psycho-emotional state by changing their erroneous views, perception, evaluations, and beliefs associated with themselves and their occupational environments. Nonetheless, even with considerably adequate environmental mediation, distress and burnout tend to persist in clinical cases, needing psychotherapeutic interventions^[12]. One of such clinical interventions that could counter erroneous dispositions among special education teachers was applied in a study which sought for the effect of rational-emotive stress management therapy (RESMT) on special education teachers' job burnout and dysfunctional distress in Southeastern zone of Nigeria^[12]. The study found that the rational-emotive stress-management intervention program was helpful in decreasing the levels of occupational burnout symptoms and dysfunctional distress among participants. Findings from the study advocate that this type of psychotherapeutic intervention could be useful in clinical settings to help special education teachers minimize job burnout and dysfunctional distress emerging from work situations.

Previous studies have also found that the rational-emotive behavior therapy (REBT) is effective in improving conditions associated with negative thoughts such as job stress, burnout, and irrational beliefs^[9,10,13]. Ogbuanya *et al*^[10] found that an REBT-based intervention was successful in combating burnout syndrome in a sample of undergraduate electronics work students. Based on the foregoing, the present article capitalizes on the study carried out by Ugwoke *et al*^[12] to explore the clinical benefits of rational-emotive stress management on job burnout and dysfunctional distress.

RATIONAL-EMOTIVE STRESS MANAGEMENT THERAPY

In the study, "rational-emotive stress management therapy intervention for reducing job burnout and dysfunctional distress among special education teachers", the researchers^[12] adopted a rational emotive behavior therapy program manual used by Ogbuanya *et al*^[10] to help special education teachers minimize burnout symptoms and dysfunctional distress associated with their work. The REBT program manual is based on Albert Ellis's framework which holds that irrational beliefs are related to unhelpful and dysfunctional distress^[12,14,15]. Irrational beliefs may amplify workers' vulnerability to burnout in the workplace^[12,14,16-19].

According to this perspective, behavioral, cognitive, or emotional symptoms/consequences (C) are products of beliefs and viewpoints (B), held about a given situation/event (A), which may be positive or negative events^[20]. The emotional and behavioral reactions are not expressed effects of the original events but are outcomes of the subjective interpretations given to the situation. Hence, rational-emotive

behavioral treatment is meant to therapeutically assist clients to argue irrational beliefs and achieve adaptive and/or efficient beliefs which are associated with healthy living^[9,10,12-15,21]. An REBT intervention utilizes several techniques around the ABCDEF model to manage burnout and dysfunctional distress associated with irrational belief. Some of the strategies employed in REBT include problem-solving techniques, cognitive restructuring techniques, and coping techniques^[9,10,12,22,23]. Problem-solving techniques are strategies meant to develop analytical skills, assertiveness, social skills, executive skills, and conflict resolution skills. Cognitive restructuring techniques include logical or rationalizing techniques, guided imagery, and visualization, as well as reframing, or looking at events in a different way, humor and irony. Coping techniques may include introduction to a feared situation; and disputing illogical thoughts.

Ugwoke *et al*^[12]'s rational-emotive stress management intervention was a clinical trial, and so participants who met the criteria for job burnout and dysfunctional distress at the pre-treatment evaluation were randomized into either intervention group ($n = 28$; 59.1%) and waitlist control group ($n = 26$; 41.9%). The REBT program manual guided the 12-wk stress-management intervention program aimed at reducing job burnout and dysfunctional distress delivered to the intervention group. The waitlisted group underwent a waiting period of 12 wk concurrently as the intervention group participated in the stress management intervention. After the 12 wk waiting period and data collection, the waitlisted group also received the same intervention. The Teacher Burnout Scale (TBS), a 25-item scale adapted from the Shirom-Melamed Burnout Questionnaire^[24] and 26-item Profile of Emotional Distress (PED)^[25], a self-report measure of functional and dysfunctional negative emotions were used for data collection.

All the participants were assessed individually at pretest, posttest, and follow-up for both job burnout and dysfunctional distress. The study revealed that compared to a waitlisted group, participants in the rational-emotive stress management intervention showed a significant reduction in the levels of job-related burnout symptoms and dysfunctional distress at post-treatment and follow-up evaluations. The study^[12] provided an empirically applicable treatment framework to be utilized by clinicians and researchers working with teachers and other workers in controlling burnout and dysfunctional distress associated with job experiences. The authors have validated REBT as an efficacious approach that is useful for reducing burnout and distress in the Nigerian context.

RATIONAL-EMOTIVE STRESS MANAGEMENT THERAPY PROCEDURE

The ABCDEF therapeutic model of REBT follow a common procedure including: (1) Create rapport, design the alliance, and structure subsequent meetings; (2) Collaborate with the clients to identify clients' sources of stress that stimulate negative reactions through goal-setting; (3) Guide the clients through Socratic questioning to identify the irrational/dysfunctional beliefs that clients hold about their situations; (4) Use of strategic dialogue to help the clients notice negative emotions associated with their beliefs; (5) Dispute the irrational beliefs by unveiling more adaptive perspectives that are emotion-friendly; (6) Expose and encourage the clients to use better techniques through respectful dialogue; and (7) Teach clients self-monitoring skills for future experiences through guided imagery. REBT interventions could last between 10 wk and 16 wk of one or two sessions per week (Table 1).

Ugwoke *et al*^[12] have shown that clinical cases of burnout and dysfunctional distress respond to REBT therapeutic treatment. To establish the finding of Ugwoke *et al*^[12], we compared their result with other works within the REBT framework which focused on the same areas (Table 1). REBT therapeutic modalities have been widely implemented on managing occupational burnout, dysfunctional distress and related variables across the world. For instance, Ogbuanya *et al*^[13] used REBT in reducing stress and increasing work-ability. Ugwoke *et al*^[21] investigated its effects on stress management and irrational beliefs among technical college teachers. REBT has also been used among special education teachers^[13] within Nigeria context. Further study using this framework include Onyishi *et al*^[20] which utilized ABCDEF model in enhancing subjective well-being and work-ability of police officer. Ogbuanya *et al*^[10] in their study of the effect of REBT program on the symptoms of burnout syndrome among undergraduate electronics work students in Nigeria also utilized ABCDE model of REBT.

Furthermore, Nwabuko *et al*^[26] used ABCDEF model of REBT to reduce burnout symptoms among primary school teachers in Southeast Nigeria. Onyeche *et al*^[27] used

Table 1 Some studies on rational-emotive behavior therapy modalities for stress, burnout and distress

Ref.	Study aim	Sample	Intervention period	Findings
Ugwoke <i>et al</i> ^[12] , 2019	Examine the effect of a rational-emotive stress management program on job burnout and dysfunctional distress among special education teachers	54 special education teachers in Nigeria	A 12-wk stress management intervention program	Significant decline in the levels of job-related burnout symptoms and dysfunctional distress
Ogbuanya <i>et al</i> ^[10] , 2019	Investigate the effect of rational-emotive behavior therapy on the symptoms of burnout symptoms	124 undergraduate electronics work students in Southeast Nigeria	A 12 = wk of rational-emotive behavior therapy treatment and 2 wk of follow-up meetings	Reduced burnout syndrome
Ugwoke <i>et al</i> ^[12] , 2017	Investigate the effects of a rational-emotive health education intervention on stress management, and irrational beliefs	185 technical college teachers in Southeast of Nigeria	A 10-wk period of 20 therapeutic sessions and 2-wk follow-up conducted after 4 mo	Reduced teachers' stress and irrational beliefs associated with teaching
Onuigbo <i>et al</i> ^[9] , 2018	Examine the impact of a rational emotive behavior therapy intervention on the stress levels and irrational beliefs among special education teachers in elementary schools	86 special education teachers in elementary schools in Southeast Nigeria	A 12 wk period of 24 sessions of stress management intervention	Decline in stress levels and a shift from irrational to rational beliefs at post-treatment and follow-up
Ogbuanya <i>et al</i> ^[13] , 2017	Examine the effectiveness of rational emotive behavior coaching on occupational stress and work ability	108 electronics workshop instructors in technical colleges in the south-east of Nigeria	A 12 wk of 24 sessions, therapeutic meetings were held twice per week	Significant reduction in occupational stress, occupation-related irrational beliefs, increased work ability
Nwabuko <i>et al</i> ^[26] , 2019	Examine the effect of a rational-emotive adult education intervention on burnout symptoms among primary school teachers	86 primary school teachers in South-East, Nigeria	Treatment was a 16-wk of 32 group therapeutic sessions	Reduced teachers' burnout
Kim <i>et al</i> ^[18] , 2019	Investigate the effects of group rational emotive behavior therapy on the nurses' job stress, burnout, job satisfaction, organizational commitment and turnover intention.	47 nurses	8 wk once a week, with each session lasting 180 min	Reduce job stress and burnout and increase job satisfaction and organizational commitment
Bakare <i>et al</i> ^[28] , 2019	Examine the effect of rational-emotive behavior therapy on symptoms of burnout among electrical and building technology undergraduate students	154 undergraduate students of electrical and building technology in South-East zone of Nigeria	10 wk of REBT treatment and 8 wk of follow-up meetings conducted at 4 mo	Significant positive effect on the symptoms of burnout syndrome
Onyechi <i>et al</i> ^[27] , 2016	Examine the effects of rational emotive hospice care therapy on problematic assumptions, death anxiety, and psychological distress	84 participants including 32 community-dwelling cancer patients and 52 family caregivers	10 wk of full intervention and 4 wk of follow-up	Significant reduction in problematic assumptions, death anxiety, and psychological distress

the REBT approach to improve the symptom of psychological distress of cancer patients and their family caregivers in Nigeria. Bakare *et al*^[28] investigated the effects of REBT on burnout symptoms of electrical and building technology undergraduate students in Nigeria. All these state-of-the-art studies followed similar modalities which are embedded on ABCDEF model of REBT and were found to be effective in treating the diverse psychological conditions in each case. Table 1 shows the works conducted so far on the effectiveness of REBT framework on burnout and dysfunctional distress using ABCDEF therapeutic modalities. Table 1 indicated that all the studies showed REBT efficacious in reducing burnout, distress and related variables such as stress.

CLINICAL BENEFITS OF RATIONAL-EMOTIVE STRESS MANAGEMENT THERAPY

Given that rational emotive stress management therapy as used in Ugwoke *et al*^[12] was

found to be efficacious in reducing job burnout and dysfunctional distress in special education teachers in Nigeria, the authors proposed that the same model is a remedy for reducing burnout and distress in other occupational environments. Being based on ABCDEF model, rational-emotive stress management therapy by Ugwoke *et al*^[12] is beneficial to both therapists/clinicians and their clients due to (1) Its characteristic way of helping the clients to realize their dysfunctional beliefs associated with work; (2) Its approach to countering unhealthy and absolutist ideas associated with occupational contexts; (3) Its effectiveness in enhancing emotional functioning of clients; and (4) Its efficacy in helping clients adopt more effective behavior management decisions.

Previous studies have revealed the effectiveness of REBT in reducing job burnout^[13], distress and its consequences^[29]. Other therapeutic approaches based on the REBT hypothetical structure have been found to be effective for burnout and dysfunctional distress associated with irrational beliefs among educators and other employees who work in demanding occupational environments^[9,12,13]. This is especially so, given that most psychological difficulties encountered by teachers emanate from self-defeating/irrational thoughts and absolutistic beliefs about job-related experiences^[30,31]. Working with the ABCDEF model, the RESMT can be of invaluable clinical benefits to both therapists and their clients, especially when the clients' reactions to work environments are accountable for their burnout and distress. In this case, it is helpful to point out the mechanism of operation in the REBT's ABCDEF model of therapeutic interventions. Clinicians who adopt the REBT model are given the opportunity to work collaboratively with their clients to identify and reframe those dysfunctional, unhelpful and self-defeating beliefs and thoughts that stir up emotional and physiological consequences in the clients^[32,33].

Studies indicate that workers' irrational beliefs about work and work experiences correlate with burnout among teachers, especially when it is linked to dysfunctional distress^[12,14,15]. Hence, teachers who cling to cleave to illogical beliefs and judgments about their professional roles habitually perceive their jobs as stressful when compared to those who hold rational beliefs^[34]. Irrational beliefs which are specific to teachers may include the beliefs that "it is abnormal for students to be frustrated"; "students' misbehavior should attract severe punishment at all times"; "distress or irritation should not be at school"; and "teachers should be helped to solve school-related problems"^[35]. Such dysfunctional thoughts can generate prolonged emotional arousal^[36,37,38], leading to psychopathological symptoms associated with extreme stress^[22]. Pieces of pragmatic proof confirmed that irrational beliefs can harmfully impact emotional states^[39].

Rational-emotive stress management therapy through direct impact on irrational beliefs minimizes job burnout and dysfunctional distress^[12]. These authors observed that irrespective of gender, irrational and/or rational beliefs play an imperative role equally on burnout and distress predictions. Howlett^[40] established an association between patients' irrational beliefs and their psychological symptomatology. Treatment programs for burnout and dysfunctional distress are highly beneficial for many special education teachers who suffer such conditions^[8] but are often reluctant in seeking help.

REBT through changing the way of thinking minimizes unhealthy thoughts and behaviors as well as negative emotions that teachers engage in respect of their working condition and replaces them with more functional ones^[20,37]. Thus, the nitty-gritty of REBT in cases of burnout and dysfunctional distresses in teachers is to change the unhelpful beliefs that lead to burnout and dysfunctional distress and replace them with more helpful ones thereby maintaining good health and happiness^[14,20].

The essence of using REBT to treat teachers with burnout and distress is to change their perception about demanding job situations and help them develop more positive emotional reactions, hence reducing the symptomatology associated with distresses. REBT can help one lessen the level of negative emotions that account for burnout symptoms, such as fatigue, sleep issues, forgetfulness and extreme difficulty in concentrating, loss of appetite and weight concerns; depression and anxiety^[41]. According to Ugwoke *et al*^[12], the major aim of the REBT approach is to reduce unhealthy thoughts that stir up negative emotions and increase functional rational beliefs as well as healthy negative emotions. Other Nigerian studies have established the effectiveness of REBT in countering irrational beliefs that lead to distresses and burnout in both clinical and nonclinical populations^[9,13].

REBT could be beneficial in countering black and white emotions such as "I must be perfect in doing my job; making a mistake makes me a failure" into a less severe response such as "I really made a mistake but that is not the end of the world. It is annoying that this happened, but I'll work toward not making the same mistake in the future"; "students could be frustrated sometimes but that does not mean they cannot

make progress”; “people who misbehave can improve on their mistakes”; “though discomfort or frustration abound at school, but we keep improving”. Changing worldview in this manner could help subdue reactions that lead to burnout symptoms (Physical fatigue, emotional exhaustion, depersonalization, and reduced personal achievements) and dysfunctional distress outcomes (*e.g.*, anxiety and mood disorders)^[12].

Figure 1 shows ABCDEF psychotherapeutic model. From the figure, the activating event in the case of special education teachers which include unhealthy work conditions/job demands interacts with the dysfunctional beliefs/worldviews to cause burnout and dysfunctional distress (Consequences) (Figure 1). Through disputation (D) using Stress managements under the REBT modalities is of great effect (E) through helping the clients identify and counter the absolutist ideas associated with distress and burnout and enhance emotional management to produce new feelings /new consequences such as reduced burnout and distress (Figure 1). Consequently, the core of REBT is the ABCDEF therapeutic model of emotional disturbance which can be used by clinicians who work with special education teachers, while also providing a moralistic explanation to encourage the independent application of the model outside clinical intervention. With the REBT model, special schoolteachers’ negative affective responses (*e.g.*, burnout and distresses) could be explained as resulting from not negative life events linked with the job themselves, but how they perceive and evaluate some of those events^[20]. Primarily, REBT helps teachers with burnout and dysfunctional distress through teaching them how to (1) Consider job situations in more pragmatic manner and not respond to illogical thoughts; (2) Realize that in as much as there are some things we cannot control in life, we can control how we think about and react to such situations that are outside our control; and (3) Students’ maladaptive behaviors are not fixed but could change through teachers’ attitudes.

These understandings could go a long way in reducing teachers’ negative reactions to challenging situations and minimize both psychological and physiological symptoms (*e.g.*, headache, insomnia, loss of appetite, anxiety and mood problems)^[36]. Results have been consistent on the positive effect of REBT in reducing burnout and psychological distresses^[33]. Unhealthy emotional reactions (such as burnout and distress) are able to lead to poor efficiency and undermine well-being. Hence, reducing burnout and distresses would invariably promote mental and physical well-being and enhance teachers’ productivity.

CLINICAL IMPLICATIONS

Ugwoke *et al*^[12] and other authors have also recommended REBT as a beneficial approach for both clinical and nonclinical intervention against distress at work^[9,42]. This is to encourage future studies in this area to illuminate the connection between dysfunctional thoughts and mental health of employees and as well prioritize the alleviation of negative thoughts for optimal health of the employees. Minimizing psychological symptoms and enhancing the mental health of teachers can through psychological interventions such as RESMT be a cost-effective means of enhancing teachers’ health and school outcomes. This necessitates more clinical trials to validate the efficacy of this psychological intervention by Ugwoke *et al*^[12] in school counseling contexts in Nigeria and other developing countries. Psycho-educational interventions aimed at improving the mental health and psycho-emotional wellbeing of teachers and students with burnout and distresses can benefit from implementing the rational-emotive stress management therapy.

Changing thought processes, belief systems, feelings, and attitudes form the crux and clinical impacts of REBT intervention^[18]. Thus, it is worthy of note that applying REBT in school-based counseling interventions could give lasting solutions to those maladjustments associated with thoughts, beliefs, feelings, and attitudes. Studies show that through different techniques, REBT intervention can help individuals in group therapy to counter their illogical beliefs and stay healthy and happy^[18]. Given that stress and the associated psychopathology have a direct link with dysfunctional beliefs, rational emotive stress management therapy on a different sample of workers with pathological stress symptoms may be explored in further studies. Other REBT practitioners demonstrated that the REBT framework contributes independently to the understanding of burnout symptoms and distress^[9,18,42]. High turnover among special education teachers could be investigated and addressed using REBT explanatory model^[18]. Emotional exhaustion and burnout climax at teachers’ ineffectiveness, reduced problem solving, and negative attitudes towards job colleagues and students^[43,44]. Ugwoke *et al*^[12] demonstrated that RESMT is an effective

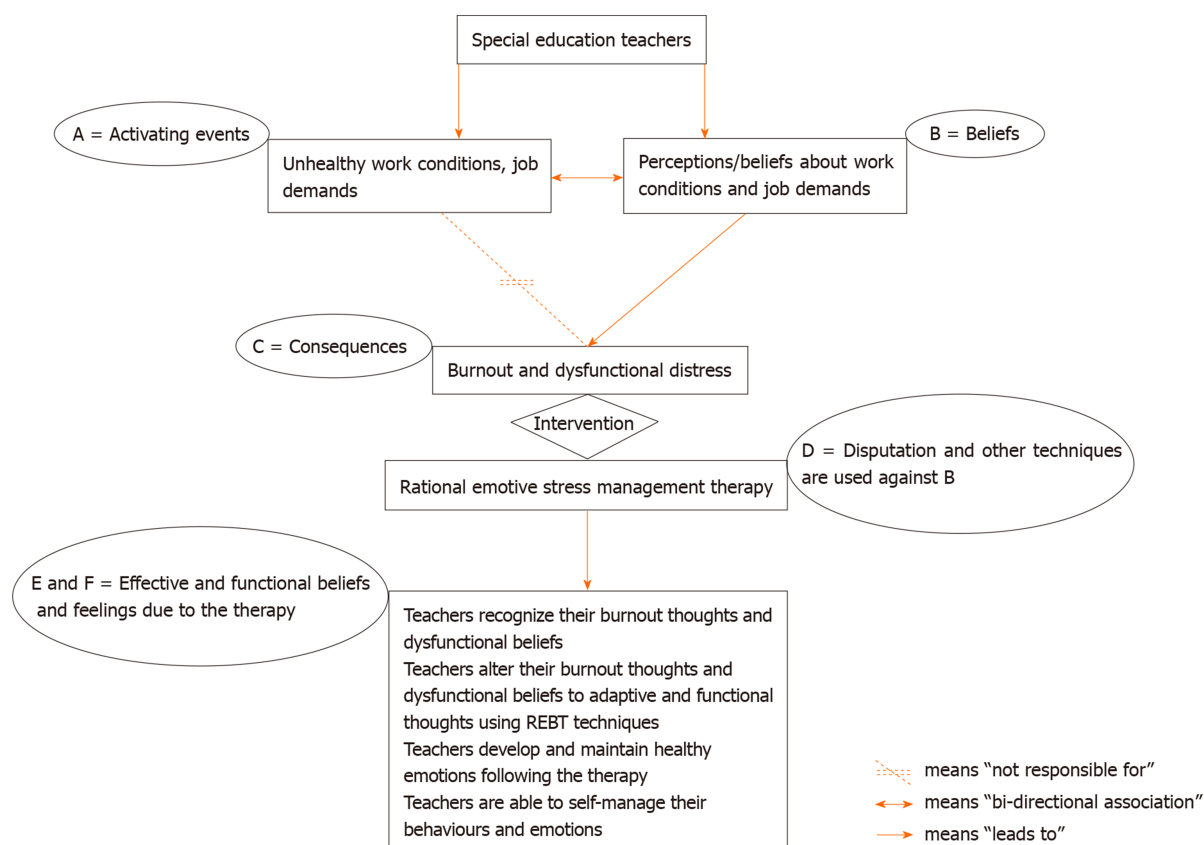


Figure 1 Illustration of ABCDEF model of rational emotive stress management therapy in the treatment of burnout and dysfunctional distress among special education teachers. REBT: Rational-emotive behavior therapy.

intervention for clinical cases of emotional exhaustion, burnout, and dysfunctional distress.

DIRECTION FOR FURTHER RESEARCH

The study calls for emergent psychological interventions for teachers who have clinical cases of burnout and distresses in Nigeria and other developing countries. Further research may validate the intervention of special educators in other countries. Researchers should attempt to increase access to psychological interventions using REBT framework in schools and organizations. This is especially important due to the benefits of teachers' health and wellbeing of the students, the schools and the society. Heightened occupational stress among special education teachers increases burnout and dysfunctional distress tendencies^[7,8], hence; it calls for an important task of examining the efficacy of REBT in the lessening of stress and associated psychological symptoms.

Given the link between psychological variables such as perceptions and beliefs with occupational stress^[2,14,16,18], the use of REBT to minimize adverse stress outcomes in special education teachers is recommended for future researchers and clinicians who aim to reduce negative perception work environments among teachers. Further studies are encouraged to replicate Ugwoke *et al.*^[12] using a mixed-method to explore participants' satisfaction with the intervention. In this manner, additional data from observation, interview, case review, and cumulative records could be used to supplement those collected through self-reported measures like questionnaire. Given the clinical benefits outlined in the current study, further study is required to validate the effectiveness of rational-emotive stress management intervention for burnout and dysfunctional distress in clinical settings. The study under review in this study was conducted in non-clinical setting. Other designs such as Solomon four-group design could be employed in a similar study to help overcome the flaws of the pretest-posttest design. Solomon four-group is a research design planned to defeat the trouble associated with pre-test sensitization^[45]. In this design, the participants of the study are randomly assigned to four groups, including the groups that: (1) Receive pretest; (2) Do not receive pretest; (3) Receive treatment; and (4) Do not receive treatment^[45].

Measuring the participants' satisfaction with therapy using an appropriate scale will be of essence. This design helps researchers to establish the actual effect of the treatment by ruling out the effect of sensitization on the posttest data. This could be helpful to identify the real effect size of the rational-emotive stress management intervention. The rational-emotive stress management intervention could be tried in a larger sample and other psychological constructs such as subjective wellbeing and job satisfaction.

LIMITATION OF THE STUDY

The present study is not without some shortcomings that could threaten the generalizability. Firstly, the study did not rely on any measurable data results. However, the authors are currently working on applying the same intervention model used in Ugwoke *et al*^[12] to confirm the applicability in clinical cases of burnout and distress.

CONCLUSION

This article is focused on the clinical benefits of a study carried out in 2018 by Ugwoke *et al*^[12] in which two of the authors were co-authors. Ugwoke *et al*^[12] showed that rational-emotive stress management therapy brought about a reduction in burnout symptoms and dysfunctional distress among special education teachers in Nigeria. The rational-emotive stress management intervention could be tried in a larger sample and other psychological constructs such as subjective wellbeing and job satisfaction.

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